



## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail Stop ISSUE FEE**  
**Commissioner for Patents**  
**Alexandria, Virginia 22313-1450**  
or Fax (703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)  
25181 7590 09/03/2003

~~FOLEY HOAG, LLP~~  
~~PATENT GROUP, WORLD TRADE CENTER WEST~~  
~~155 SEAPORT BLVD~~  
~~BOSTON, MA 02110~~

MINTZ, LEVIN, COHN, FERRIS, GLOVSKY  
AND POPEO, P.C.  
One Financial Center  
Boston, MA 02111

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/845,129	04/27/2001	Gordon W. Duff	MSA-010.03	1917

TITLE OF INVENTION: DIAGNOSTICS AND THERAPEUTICS FOR DISEASES ASSOCIATED WITH AN IL-1 INFLAMMATORY HAPLOTYPE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	<del>YES</del> NO	\$650-\$1,330	\$300	\$950-\$1,630	12/03/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
CHAKRABARTI, ARUN K	1634	435-006000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☒ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Ivor R. Elrifi, Ph.D., Esq.  
Mintz, Levin, Cohn, Ferris,  
Glovsky and Popeo, P.C.  
Cynthia A. Kozakiewicz, P.  
Ph.D.

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Interleukin Genetics, Inc.

Waltham, Massachusetts

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee

☒ Publication Fee

☒ Advance Order - # of Copies Ten (10)

4b. Payment of Fee(s):

☒ A check in the amount of the fee(s) is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0311 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. (Ref. 24299-508 CON2)

(Authorized Signature)

(Date) 12/3/03

*Janine M. Susan Reg. No. 46,119*  
NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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12/09/2003 DEMMANU2 00000064 09845129

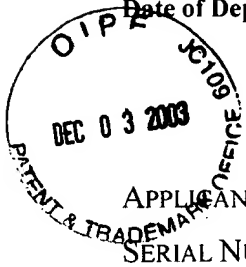
01 FC:1501	1330.00 OP
02 FC:1504	300.00 OP
03 FC:8001	30.00 OP

TRANSMIT THIS FORM WITH FEE(S)

Express Mail Label No.: EV312712678

Date of Deposit: December 3, 2003

Attorney Docket No. 24299-508-CON2



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: Duff *et al.*

SERIAL NUMBER: 09/845,129

EXAMINER: Chakrabarti, Arun K.

FILING DATE: April 27, 2001

ART UNIT: 1634

FOR: DIAGNOSTICS AND THERAPEUTICS FOR DISEASES ASSOCIATED  
WITH AN IL-1 INFLAMMATORY HAPLOTYPE

MAIL STOP ISSUE FEE  
Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450

December 3, 2003  
Boston, Massachusetts


**TRANSMITTAL LETTER**

Transmitted herewith for filing in the present application are the following documents:

- ☒ Response to Notice of Allowance [1 page];
- ☒ Issue Fee Transmittal Form PTOL-85 [1 page];
- ☒ Check No. 17636 in the amount of \$1,630 (\$1,330 Issue Fee and \$300 Publication Fee)
- ☒ Check No. 17637 in the amount of \$30 (Advance Copies of Patent); and
- ☒ Return Postcard.

If the enclosed papers are considered incomplete, the Mail Room is respectfully requested to contact the undersigned collect at (617) 542-6000, Boston, Massachusetts. The Commissioner is authorized to credit any overpayment or charge any deficiencies to Deposit Account No. 50-0311, Reference No. 24299-508 CON2. A duplicate copy of this Transmittal Letter is enclosed.

Respectfully submitted,

  
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